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Feb 16 1998 8:00am
Secretary of State

NONPROFIT
CORPORATION
ANNUAL REPORT
1998



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **703905** (0)
1. Corporation Name
FIRST METHODIST CHURCH OF INDIANTOWN, INC.

Principal Place of Business Mailing Address
15377 S.W. 150TH STREET **15377 S.W. 150TH STREET**
INDIANTOWN FL 34956 **INDIANTOWN FL 34956**



2. Principal Place of Business 2a. Mailing Address
21 Suite, Apt. #, etc. 26 Suite, Apt. #, etc.
22 City & State 27 City & State
23 Zip 28 Country 29 Zip 30 Country

3. Date Incorporated or Qualified
04/17/1962
4. FEI Number **59-2628046** Applied For Not Applicable
5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**
6. Election Campaign Financing Trust Fund Contribution ☐ **\$5.00 May Be Added to Fees**
7. Is this nonprofit corporation a homeowners association? ☐ Yes ☒ No
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

GIBSON, JULIA
15162 SW CHICK-KEE STREET
INDIANTOWN, FL
34956

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City **FL** 85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE ☐ DELETE
NAME **C ROGERS, MALCOLM**
STREET ADDRESS **1544 SW 19TH TERRACE**
CITY-ST-ZIP **OKEECHOBEE FL**
TITLE ☐ DELETE
NAME **D MILLER, NOEL**
STREET ADDRESS **16507 TWO WOOD WAY**
CITY-ST-ZIP **INDIANTOWN, FL 00000**
TITLE ☐ DELETE
NAME **TD LARGENT, GERALD**
STREET ADDRESS **15111 SW TRAIL CT**
CITY-ST-ZIP **INDIANTOWN FL**
TITLE ☐ DELETE
NAME **D BRINSON, KATHERINE**
STREET ADDRESS **15448 SW 150TH ST**
CITY-ST-ZIP **INDIANTOWN, FL 00000**
TITLE ☐ DELETE
NAME **D SWAIN, ELSPETH**
STREET ADDRESS **14551 SW DIVOT DRIVE**
CITY-ST-ZIP **INDIANTOWN FL**
TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

1.1 TITLE ☐ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP
2.1 TITLE ☐ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP
3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP
4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP
5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP
6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: **Elspeth S. Swain** *Elspeth S. Swain* 2/9/98 561-597-3644

CF2E037 (10/97)